Approved for use through 11/30/2011 OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Patent Number	7,451,106	_
PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Issue Date	11-11-2008	
	First Named Inventor	WILLIAM A. GINDLESPERGER	
	Title	SYSTEM AND METHOD FOR COMPETITIVE PRICING AND	
	Attorney Docket Number	19655.0002.000000	
			_

I hereby revoke all previous powers of attorney given in the above-identified patent.						
A Power of Attorney is submitted here	A Power of Attorney is submitted herewith.					
X attorney(s) or agent(s) with respect to	I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patient identified above, and to transact all business in the United States Patient and Trademark Office connected therewith:					
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:						
Practitioner(s) Name			Registration Number			
Please recognize or change the correspondence address for the above-identified patent to: The address associated with the above-mentioned Customer Number.						
OR						
The address associated with Customer Number. OR						
□ Firm or						
Individual Name						
Address						
City		State		Zip		
Country						
Telephone		Email				
1 am the: ☐ Inventor, having ownership of the patent. OR ☑ Patent owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on						
SIGNATURE of Inventor or Patent Owner						
Signature Mill O Zil	1/		Date			
Name William A. GINDLESPER	€R		Telephone			
Title and Company CEO of e-LYNXX Corporation						
NOTE. Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
forms are submitted.						

This condection of information is required by 37 CPR 1 31, 132 and 13.3 The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO be process) an application. Confidentially is governed by \$3 U.S. C. 12 and 37 CPR 1.11 and 11.4 This collection is estimated to take 3 networks to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Then will very depending upon the individual case. Any comments on the annual of time you require to complete this form and/or suggestants for reducing this burden, should be sent to the Crine Information Giffice. I.P. 2 Retent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Mexandra, V.A. 22313-1450. DO NOT SRND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMD TO: Commissionor for Patients, P.O. Box 1450, Mexandra, V.A. 22313-1450.